

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024285

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 370

Primary Registration District No. 3058

Registrar's No. 158

FILED JUL 6 1962

VS 300
Rev. 4/59

10928

20928

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9332X

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN St. Charles	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp		d. STREET ADDRESS (If outside, give location) 715 Decatur	
3. NAME OF DECEASED (Type or print) First Goldie Middle L. Last Klinghammer		4. DATE OF DEATH Month June Day 21 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-17-1881
9. AGE (last birthday) 80		10. IF UNDER 1 YEAR Months 8 Days 21 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Koenecker		13b. MOTHER'S MAIDEN NAME Louise Buchre	
14. NAME OF HUSBAND OR WIFE William V. Klinghammer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Dr. Kermit Klinghammer, St. Charles	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Diabetes mellitus		INTERVAL BETWEEN ONSET AND DEATH 8 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:30 a.m. 12 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Charles, Mo.	
20g. COUNTY St. Charles		20h. STATE Mo.	
21. I attended the deceased from Aug. 17, 1959 to June 21, 1962 and last saw her alive on June 21, 1962 Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Eugene J. Canty, M.D.		22b. ADDRESS 114 W. Main St. St. Charles, Mo.	
22c. DATE SIGNED June 21, 1962		22d. LOCATION (City, town, or county) St. Charles, Mo.	
22e. NAME OF CEMETERY OR CREMATORY Methodist Cemetery		22f. LOCATION (City, town, or county) St. Charles, Mo.	
22g. DATE RECD. BY LOCAL REG. 6/24/62		22h. REGISTRAR'S SIGNATURE Marcella Wilson	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-24-1962	
23c. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo.		23d. ADDRESS St. Charles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

7961 9 700 SX

2961 12 700

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Connie L. Pickens

Licensed Embalmer No.

5789

P. O. Address

St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.